2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
01-24-2003 90064 047 ****61.25

DOCUMENT # 705019

1. Entity Name
GREATER JACKSONVILLE BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 440669 JACKSONVILLE FL 32222-0008	PO BOX 440669 JACKSONVILLE FL 32222-0008

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0135716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUNCK, VICTOR A
5105 BILKEN DRIVE EAST
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name ROGER LIMER
Street Address (P.O. Box Number is Not Acceptable) 13440 GALLANT FOX CIR. W.
City JACKSONVILLE FL Zip Code 32218

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROGER W. LIMER Roger W. Limer PRESIDENT 20 JAN 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FUNCK, VICTOR M 5105 BILKEM DRIVE WEST JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROGER LIMER D 13440 GALLANT FOX CIR. W, JACKSONVILLE, FL 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LIMER, ROGER 7860 GEORGIA JACK DRIVE NORTH JACKSONVILLE FL 32244	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VICE-PRESIDENT TED VOELKER D 2462 BLACKBEARD DR. JACKSONVILLE BEACH, FL 32250	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V SWANSON, TOM D 9838 OLD BAYMEADOW ROAD, #249 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HILL, DIANE D 7860 GEORGIA JACK DR. N. JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOWMAN, JOHN P D 5823 BLACKTHORN RD JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3V ROBINSON, JAMES G PO BOX 2391 JACKSONVILLE FL 32203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3RD VICE PRESIDENT WALT ROMEDY D 2947 LINA RD. FERNANDINA BEACH, FL 32068	☒ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P LOWMAN John P. Lowman 1/17/03 904-771-9238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #